

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesCHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

ADDRESS (number and street)

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐Check if different
than previously
reported. (ACC)

CHARLOTTE

NC

28203

2861

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00423871

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary Ann Rouse

Signature of Treasurer

Electronically Filed by Mary Ann Rouse

Date

07

08

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		153922.58
(b) Cash on Hand at Beginning of Reporting Period	170637.61	
(c) Total Receipts (from Line 19)	17236.82	37465.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	187874.43	191387.90
7. Total Disbursements (from Line 31)	-2000.00	1513.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	189874.43	189874.43
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	14912.20	26979.26
(ii) Unitemized	2278.88	7902.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17191.08	34882.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17191.08	34882.16
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	13.47	13.47
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	32.27	69.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17236.82	37465.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17236.82	37465.32

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	13.47	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	13.47	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-2000.00	1500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-2000.00	1513.47	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-2000.00	1513.47	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17191.08	34882.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17191.08	34882.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	13.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	13.47	13.47
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-13.47	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8255

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

B.

Full Name (Last, First, Middle Initial)

Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8322

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

C.

Full Name (Last, First, Middle Initial)

Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8387

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

SUBTOTAL of Receipts This Page (optional)

500.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8325

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 mon-
thly

B.

Full Name (Last, First, Middle Initial)

Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8390

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 mon-
thly

C.

Full Name (Last, First, Middle Initial)

Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8369

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8434

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8330

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8395

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC**A.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.8279

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly**B.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.8346

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly**C.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Transaction ID: SA11AI.8413

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8249

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8316

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8381

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8291

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

B.

Full Name (Last, First, Middle Initial)

Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8358

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

C.

Full Name (Last, First, Middle Initial)

Ms. Suzanne H Freeman

Mailing Address 8221 Buena Vista Drive

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8423

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8270

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8337

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8403

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8355

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

B.

Full Name (Last, First, Middle Initial)

Ms. Janet D Handy

Mailing Address 8044 Silver Jade Lane

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8421

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

C.

Full Name (Last, First, Middle Initial)

Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City

Whiteville

State

NC

Zip Code

28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8248

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

166.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City

Whiteville

State

NC

Zip Code

28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8315

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B.

Full Name (Last, First, Middle Initial)

Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City

Whiteville

State

NC

Zip Code

28472

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8380

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

C.

Full Name (Last, First, Middle Initial)

Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8284

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09
monthly

SUBTOTAL of Receipts This Page (optional)

416.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 36

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.45

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8351

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09
monthly

B.

Full Name (Last, First, Middle Initial)

Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.54

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8418

Amount of Each Receipt this Period

250.09

Payroll Deduction \$250.09
monthly

C.

Full Name (Last, First, Middle Initial)

James C Hunter

Mailing Address 1506 Providence Drive

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8252

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

SUBTOTAL of Receipts This Page (optional)

666.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 16 / 36

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

James C Hunter

Mailing Address 1506 Providence Drive

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8319

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

B.

Full Name (Last, First, Middle Initial)

James C Hunter

Mailing Address 1506 Providence Drive

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8384

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8271

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

416.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 17 / 36

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8338

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8404

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8294

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 36

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8361

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8427

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

C.

Full Name (Last, First, Middle Initial)

Carol A Lovin

Mailing Address 7023 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8281

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Carol A Lovin

Mailing Address 7023 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8348

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B.

Full Name (Last, First, Middle Initial)

Carol A Lovin

Mailing Address 7023 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8415

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8292

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

SUBTOTAL of Receipts This Page (optional)

333.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8359

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. James T McDeavitt

Mailing Address 826 Berkeley Avenue

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8424

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8274

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)

433.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8341

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly

B.

Full Name (Last, First, Middle Initial)

Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8407

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly

C.

Full Name (Last, First, Middle Initial)

Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8257

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 mo-
nthly

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8324

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8389

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

C.

Full Name (Last, First, Middle Initial)

Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8280

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8347

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

B.

Full Name (Last, First, Middle Initial)

Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8414

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

C.

Full Name (Last, First, Middle Initial)

Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8244

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
 FED PAC

A.

Full Name (Last, First, Middle Initial)

Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8311

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 mo-
nthly

B.

Full Name (Last, First, Middle Initial)

Thomas J Pulliam

Mailing Address 1105 Fawnbrook Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8376

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 mo-
nthly

C.

Full Name (Last, First, Middle Initial)

Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8243

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34
monthly

SUBTOTAL of Receipts This Page (optional)

733.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.8310

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34
monthly**B.**

Full Name (Last, First, Middle Initial)

Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Transaction ID: SA11AI.8375

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34
monthly**C.**

Full Name (Last, First, Middle Initial)

Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare SystemOccupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.8272

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

SUBTOTAL of Receipts This Page (optional)

731.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8339

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

B.

Full Name (Last, First, Middle Initial)

Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
PHYS

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8405

Amount of Each Receipt this Period

65.00

Payroll Deduction \$65 monthly

C.

Full Name (Last, First, Middle Initial)

Pamela M Rowell

Mailing Address 9702 Heritage Lane

City

Indian Trail

State

NC

Zip Code

28079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8364

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)

171.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Pamela M Rowell

Mailing Address 9702 Heritage Lane

City

Indian Trail

State

NC

Zip Code

28079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8430

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

B.

Full Name (Last, First, Middle Initial)

Kenneth A Shull

Mailing Address 82 Hyde Avenue

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8357

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

C.

Full Name (Last, First, Middle Initial)

Kenneth A Shull

Mailing Address 82 Hyde Avenue

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8422

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67
monthly

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8250

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly

B.

Full Name (Last, First, Middle Initial)

Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8317

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly

C.

Full Name (Last, First, Middle Initial)

Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8382

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-
nthly

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.68

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8251

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.35

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8318

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8383

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67
monthly

SUBTOTAL of Receipts This Page (optional)

1250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Joan Thomas

Mailing Address 230 Summermore Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8260

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

B.

Full Name (Last, First, Middle Initial)

Joan Thomas

Mailing Address 230 Summermore Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8327

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

C.

Full Name (Last, First, Middle Initial)

Joan Thomas

Mailing Address 230 Summermore Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8392

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 333.36

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8277

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B.

Full Name (Last, First, Middle Initial)

Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 416.70

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8344

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

C.

Full Name (Last, First, Middle Initial)

Mr. Robert H Wiggins

Mailing Address 6417 Seton House Lane

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.04

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8411

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8301

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

B.

Full Name (Last, First, Middle Initial)

Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8368

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

C.

Full Name (Last, First, Middle Initial)

Ms. Phyllis Wingate-Jones

Mailing Address 6005 Willowood Rd

City

Kannapolis

State

NC

Zip Code

28081

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8408

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67
monthly

SUBTOTAL of Receipts This Page (optional)

500.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Jean Wright

Mailing Address 8636 Carly Lane

City

Mint Hill

State

NC

Zip Code

28227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Healthcare Syst-
em

Occupation
Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8293

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

B.

Full Name (Last, First, Middle Initial)

Jean Wright

Mailing Address 8636 Carly Lane

City

Mint Hill

State

NC

Zip Code

28227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Healthcare Syst-
em

Occupation
Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8360

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

C.

Full Name (Last, First, Middle Initial)

Jean Wright

Mailing Address 8636 Carly Lane

City

Mint Hill

State

NC

Zip Code

28227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Healthcare Syst-
em

Occupation
Physician

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.8426

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 36

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC**A.**

Full Name (Last, First, Middle Initial)

Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City

Rock Hill

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare Syst-
em

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	1

Transaction ID: SA11AI.8242

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly**B.**

Full Name (Last, First, Middle Initial)

Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City

Rock Hill

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare Syst-
em

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.8309

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly**C.**

Full Name (Last, First, Middle Initial)

Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City

Rock Hill

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare Syst-
em

Occupation

Administrator

Receipt For: 2011

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Transaction ID: SA11AI.8374

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34
monthly

SUBTOTAL of Receipts This Page (optional)

250.02

TOTAL This Period (last page this line number only)

14912.20

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A. Full Name (Last, First, Middle Initial)
Committee to Re-Elect Ray Rapp

Mailing Address 43 Backhollow Road

City Mars Hill State NC Zip Code 28754

Purpose of Disbursement
check returned and voided

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

B. Full Name (Last, First, Middle Initial)
Friends of Joe Sam Queen

Mailing Address 71 Pigeon Street

City Waynesville State NC Zip Code 28786

Purpose of Disbursement
check returned and voided

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8438

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

C. Full Name (Last, First, Middle Initial)
Phil Haire for NC House of Representatives

Mailing Address PO BOX 727

City Syiva State NC Zip Code 28779

Purpose of Disbursement
check returned and voided

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8441

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional)

-1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES
FED PAC

A.

Full Name (Last, First, Middle Initial)

Snow for Senate Campaign

Mailing Address 105 Van Horn Street

City
Murphy

State
NC

Zip Code
28906

Purpose of Disbursement
check returned and voided

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.8439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

-2000.00